

Request for Tax Clearance Certificate Limited Liability Company or Limited Liability Partnership

CALIFORNIA FORM

3555L

| | | | |
|---|---|--|-------------|
| Limited Liability Company (LLC) or Limited Liability Partnership (LLP) Name | | Secretary of State File Number | |
| Current Address | Phone Number () - | Federal Employer Identification Number | |
| Date business commenced in California: | Date business ceased or will cease in California: | Latest California tax return | |
| | | Income period: | Date filed: |

All tax returns must be filed and balances due must be paid or secured before we will issue a Tax Clearance Certificate. All returns will remain subject to audit until the expiration of the normal statutes of limitations.

If an individual or another business entity will act as the Assumer of any future tax liability, check the **Assumer** box below and follow the appropriate instructions. Requests taking advantage of the Assumer method generally receive a Tax Clearance Certificate within **30 days**.

- ☐ **Assumer** Individual or Trust complete pages 2 and 3.
Corporate, LLC, or LLP complete pages 3 and 4.

If you are requesting a tax clearance without an Assumer, check the appropriate box below. Requests other than the Assumer method generally take **6 to 9 months** to receive a Tax Clearance Certificate.

- ☐ *Surety Bond*
☐ *Cash Deposit*
☐ *Taxes Paid* – A final return must be filed before we will issue a Tax Clearance Certificate based on Taxes Paid.

Has the IRS changed the LLC's or LLP's income tax liability for any years that you have not reported to us?

☐ Yes ☐ No

If yes, send us a copy of the Revenue Agent's Report.

If the LLC or LLP is currently being examined or an examination is pending, identify the agency or agencies below:

☐ IRS ☐ FTB ☐ Both

If being examined, indicate which years:

Current: _____

Pending: _____

Check tax return form filed: ☐ Form 100 ☐ Form 565 ☐ Form 568

We will send a copy of the Tax Clearance Certificate to the California Secretary of State. If we are to mail the original Tax Clearance Certificate or any correspondence to someone other than the LLC or LLP listed above, please complete the following:

| | |
|---------|-------------------------------|
| Name | Phone Number () - |
| Address | |

Requestor name _____ Requestor signature _____

Mail completed form to:
**LIMITED LIABILITY COMPANY/PARTNERSHIP UNIT
SECRETARY OF STATE
PO BOX 944228
SACRAMENTO CA 94244-2280**

For more information concerning this form, telephone the Franchise Tax Board at (916) 845-4124.

Assistance for persons with disabilities: We comply with the Americans with Disabilities Act. Persons with hearing or speech impairments please call TTY/TDD (800) 822-6268.

INDIVIDUAL OR TRUST ASSUMPTION OF TAX LIABILITY

You must complete page 2 and page 3. Please print a copy for your records. We require a detailed financial statement (page 3) from all assumers.

Note: To qualify as an assumer, you must show the financial ability to pay any potential assessments the closing or disappearing entity may incur through normal statutory periods.

Closing or disappearing business entity's information:

| | |
|------------------------|---|
| Business entity's name | California corporation or SOS file number |
| Current address | Federal employer identification number |
| | Phone number () — |

Assumer's information:

☐ Individual ☐ Trust

| | |
|--------------------------|-------------------------------------|
| Individual or trust name | Social security number |
| Address | Trust federal identification number |
| | Phone number () — |

The undersigned individual or trust unconditionally agrees to file or cause to be filed with the Franchise Tax Board all tax returns and data required and to pay in full all accrued or accruing tax liabilities, penalties, interest, and fees due from the above named business entity at the effective date of dissolution, surrender, or cancellation.

Individual or Trustee's Name (print) _____

Individual or Trustee's Signature _____ Date _____

FOR PRIVACY ACT NOTICE, GET FORM FTB 1131.

FINANCIAL STATEMENT FOR ASSUMER (INDIVIDUAL OR OTHER ENTITY)

Assumer's Name

Assumer's Identification (SSN, FEIN, CCN, SOS File #)

Statement of Assets and Liabilities

| Item | Present Value (A) | Liabilities Balance Due (B) | Equity in Asset |
|---|-------------------|-----------------------------|-----------------|
| Cash | | | |
| Bank accounts | | | |
| Stocks and bonds | | | |
| Cash or loan value of insurance | | | |
| Household furniture | | | |
| Real property | | | |
| Vehicles | | | |
| | | | |
| Other assets (describe) | | | |
| | | | |
| | | | |
| | | | |
| Federal taxes outstanding | | | |
| Loans | | | |
| | | | |
| Other (include judgements) | | | |
| | | | |
| | | | |
| | | | |
| Net assets (Total column A less total column B) | | | \$ |

General Information *(Attach additional schedules if necessary.)*

Net annual income

Source (name of business or employer)

Banks and savings and loan accounts (names and addresses)

Description and license number of each vehicle

Stocks and bonds (name of company, number of shares, etc.)

Real property (brief descriptions and locations)

Closing or disappearing business entity's name

California corporation or SOS file number

I certify that the information above is correct to the best of my knowledge.

Assumer's name (print) _____

Assumer's signature _____ Date _____

CORPORATION, LIMITED LIABILITY COMPANY, OR LIMITED LIABILITY PARTNERSHIP ASSUMPTION OF TAX LIABILITY

The Assumption of Tax Liability

of (1) _____)
_____)
A corporation, limited liability company, or limited liability partnership)
by (2) _____) California Corporation number, Secretary of
Assumer Address _____) State file number, or federal employer identi-
Phone Number _____) cation number
_____)
A corporation, limited liability company, or limited liability partnership)
_____) California Corporation number, Secretary of
State file number, or federal employer identi-
cation number

(Name of assumer) _____ unconditionally
agrees to file with the Franchise Tax Board all tax returns and data required and pay in full all tax
liabilities, penalties, interest and fees of (1) _____
_____ ; at the
effective date of dissolution, surrender, or cancellation

(2) _____
Exact corporation, limited liability company, or limited liability partnership name

Printed name and title of officer/manager/partner/member Signature and title of officer/manager/partner/member

Notary Information (Must be US Notary)

State of _____
County of _____
On _____ before me, the undersigned, a notary public in and for
said state, personally appeared _____

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose
name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same
in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the entity upon
behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature _____

Name _____
(typed or printed)